

**COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES  
FOR CHILDREN AND THEIR FAMILIES PROGRAM**

Child, Adolescent and Family Branch  
Center for Mental Health Services  
Substance Abuse and Mental Health Services Administration  
U.S. Department of Health and Human Services

**QUARTERLY REPORT**

Project Name: Children's Mental Health Initiative	Prepared by: Jeanne Mack
Date: December 31, 2002	
Quarterly Report Period(s): September 2002 through November 2002	

**I. Goals of the Project:**

- *Have there been any changes in the goals of the project this quarter and for what reasons? None*

*If there are no changes, describe progress toward achievement of the goals as described in your application.*

*1.) Outcome-driven service delivery, supported by rigorous evaluation.*

Progress continues in the implementation of the redesigned services through the contracts with children's mental health providers, partnerships with child-serving agencies, and school projects. Monitoring of these efforts is carried out by the Behavioral Health case managers in the Department of Community Services as well as the Management Information Unit. We have enclosed an example in Appendices I of our monthly reports for mental health services that we provide to Citizens boards.

PSU continues to carry out the evaluation model with the support of family members trained to do the family intakes. Continued progress is shared with the community regularly through the Community of Care general meetings as well as postings monthly on the web site.

*2.) System Wide Management Information System*

New mental health software will give us the flexibility of other data systems on line (assuming the granted permissions are in place) as one of its features. It will also give us the capability of a complete electronic medical record. This will take several years to implement, but these exciting features are available. Right now the focus is on replacing the functionality of our present software

and then utilizing the expanded reporting capability of the new software. The goal is to have Phase I implementation completed by July 1, 2003.

All data for System of Care programs such as Connections and Crisis Stabilization has been entered in to the system and we now have some standard reports for them. This was not the case six months ago. PSU has been supplied all this new data for their analysis.

The October Report can be found in Appendices I.

*3.) Enhanced involvement of consumers at all levels of the system of care.*  
Outreach to families continues through the Community Partners Committee. This committee is mainly made up of providers who do outreach with the staff of each of the agencies. Additionally, school audiences (counselors, nurses, psychologists) have been scheduled in order to provide information on the system of care model and accessing services.

*4.) Development of a Children's Trust Fund*  
The new non-profit, Youth Foundation, received IRS approval and the founding board has had an opportunity to become educated on the community of care concept, including the system of care designed around individualized and tailored care and the wraparound model. The board focus will be on positive youth development, including the support of suicide prevention through fund raising efforts. They also are committed to leveraging systems to support the work of the system change being implemented in Clark County.

The Resource Management Committee continues to monitor the flex funds and disperse funds to families of children with serious emotional challenges. A recommendation for a partnership with the Youth Foundation is being considered as part of the work of the committee.

*5.) Expanded system of case finding, screening and assessment*  
Ongoing screenings and assessments continue through the projects and contracted services being accessed by children and families. Outreach efforts by the Community Partners and Parent Partners continues.

*6.) Cross system program for increased cultural competence*  
Standards to be monitored through Quality Management Committee.

*7.) Enhanced capacity for resource mapping and asset identification*  
Asset development of youth in Clark County is being tracked by the Hopeworks committee by using a pin map. The Social Marketing Committee is identifying audiences to target for the Community of Care, System of Care

messages currently in place and being developed. The identified continuum in Clark County includes all child serving agencies, intervention and prevention efforts as well as treatment.

**Appendices I: Behavioral Health Services  
RSN Provider Performance Reports, October 2002**

**II. Target Population of Children who have Serious Emotional Disturbances:**

- *Number of children newly enrolled in services this quarter only:*
  - 63 new intakes
  - 30 male
  - 33 female
- *Number of children served to date: 447*
- *How does your enrollment effort reflect the ethnic/racial diversity of the entire geographic area defined in your application?*
  - 56 white
  - 04 black
  - 02 American Indian
  - 02 other race
  - 01 not reported

This enrollment reflects the geographic diversity of our community.

- *Across all systems partners; how many children, as of this reporting period, are currently being served;*
  - Out of State: 0
  - Out of Community: 29

**III. Child and Family Services/Supports:**

- *Which of the mandated services (as identified in the Guidance for Applicants) has been implemented?*

All mandated services continue to be provided. Regular meetings take place to assess and refine services.

In September, John Franz spent time with the Advisory Council to determine: "Where are we?", "Where are we going?", and "What are we trying to accomplish?" The committee reaffirmed the mission, which exists in the by-laws of the organization and reached consensus on adding the following goal:

***To use our influence to continue to improve our communities ability to respond to the needs of families with children who present challenges in multiple service systems and through this to continue the effort to establish a comprehensive community of care.*** ( This goal was later refined by the group in November, and currently reads) ***To improve our community's ability to respond to the needs of multiple service system's families and children.*** A visual of the mission and goal was developed and refined and is in the appendices.

As a result of the time spent with John Franz in September, the Resource Management Chair has engaged the committee in reviewing the projects and programs funded by the grant. Key people will be identified to present information about the successes and challenges of the programs during January, February and March of 2003. The committee will then make recommendations to the advisory council on ideas for continuation either by leveraging dollars from systems and /or developing resources.

- *Have barriers to development and implementation of the mandated services been identified and how are they being addressed?*

Current work with Pat Miles, Consultant for the WrapAround implementation, includes work on a fidelity instrument which will include self-evaluation and observations. Data from this effort will be helpful in refining the WrapAround efforts underway.

## **Appendices II. Clark County Community of Care “Visual”**

### **IV. System Level Coordination/Infrastructure and Management Structure:**

- *Identify management team members, listing participants by name, agency or constituency being represented, and their role on the team. Identify any changes in the make-up of the team since the previous quarterly report.*

Changes in the Advisory Council have taken place by virtue of the fact that we have had the following three resignations: Kristy White, family member; David Cooper, community non-profit; and Bob Fizzell, community member.

David Cooper, Executive Director for The Arc (DD non-profit). David was on the executive council as secretary-treasurer. The executive council appointed (according to the bylaws) Sondra Martin, family member on the advisory as his replacement . A replacement for the vacancy will be appointed by the Executive Board.

The Family Action committee was charged with replacing two other members: Kristy White, family member, unable to participate because of a crisis, and Bob Fizzell, community member.

The Family Action Committee recommended that Kim Conner, Executive Director of the Public Health and Safety Network replace Kristy White, family member on the advisory. She was unable to take the position because her board felt that there could be a conflict of interest. However, the partnership between the COCAC and the Network will continue by the exchange of minutes.

The Family Action Committee will be making recommendations for the open positions (Bob Fizzell and Kim Conner) in December.

At the October general meeting with the community, three break-out sessions were carried out. One of the sessions was with family members, facilitated by DeDe Sieler, the chair of the Family Action Committee. DeDe set the stage for the work ahead and garnered input from the families. The Family Action Committee is responsible for encouraging community participation and soliciting input that will strengthen the Community of Care for children and families in Clark County. They have set a goal of becoming fully functioning by June of 2003, and have had discussions with family members to define what "fully functioning" means to families.

Mike Pullman from the Portland State Research Team presented a session on data interpretation. Groups of attendees were given role play responsibilities, which were followed by discussions.

A third break-out on the role of the Community of Care in the Washington State Legislative Process was led by Clark County Commissioner Craig Pridemore, the chair of the Advisory Council.

In November, Mike Piper presented a concept paper for a proposed Public Service Organization within the Clark County Department of Community Services. DeDe Sieler reviewed the Youth in Transition Grant awarded to Clark County DCS and the connection with the current Advisory Council, which will be involved in oversight of the project. Both the ASO Concept Paper and the Youth in Transition grant presentation are in the appendices.

- *Include any new or additional public policy, including memoranda of understanding and or legislation, developed since the last report.*

We are currently working with a community DDD/MH Committee and they are drafting a new/updated Memorandum of Understanding on how we work together with children with cross systems needs.

See appendices for Public Service Organization Proposal and Interim Report from Clark County regarding ESHB 2574—An Act relating to a Children's System of Care.

*List optional services (as suggested but not mandated, in the Guidance For Applicants) being provided and identify how these services are being funded, managed, and supervised?*

No changes since last report. Connections (Juvenile Justice), Title IVE (DSHS), and School Proviso projects continue. The Connections project funded by Juvenile Justice, the RSN, and the grant; Title IVE is funded by DSHS and the grant. The School Proviso is funded by federal/local dollars.

The Youth House, funded by the county and grant funds continues to serve as a center-point for community committees, positive youth development, and early intervention and prevention programs.

The Department of Community Services received a Youth in Transition Grant in October. The COCAC has appointed a sub-committee to serve as the oversight community committee for the grant. The presentation made to the council is in the appendices.

- *Describe linkages with universities, research projects, media, or other entities not directly involved in providing services to the target population.*

No changes. Social Marketing Committee actively reviewing data from PSU Research Project, national and local media releases.

- *Have barriers to any of the above listed activities been identified and if so, how are they being addressed?*

Communications have been identified as a challenge. Efforts to improve in this area are being undertaken by the Social Marketing Committee.

**Appendices III:   Public Service Organization Proposal  
Interim Report—HB2574—An Act relating to CSOC  
Youth in Transition Grant Presentation  
PSU Evaluation Workshop  
PSU Evaluation Workshop Role Play**

**V.   Cultural Competence:**

- *Describe efforts being made for staff of the site to reflect the diversity of the site community and any staff changes since the last quarterly report due to these efforts.*

## **No staff changes this quarter.**

On October 30<sup>th</sup>, Renata Rhodes presented information about the Cultural Competency Committee to the Mental Health Advisory Board. This presentation can be found in the appendices.

Committee work continues to focus on strategies to monitor and assess cultural competency in the implementation of the system redesign.

## **Appendices IV. Cultural Competency Committee (Presentation)**

### **VI. Family Involvement:**

- *Describe how family members are involved in the implementation of the grant activities: i.e., service planning, data collection and dissemination, systems planning, budget development, informing policy makers about the services needed, and in policy development.*

Clark County has created a variety of mechanisms for meaningful involvement of families and youth. There continues to be a 30 member youth commission appointed by the Board of County Commissioners which allows for a broader youth voice to influence system building planning than representation on one planning body. Families have a strong voice on the Community of Care Advisory Council. They represent additional families through their connections in The Community Empowerment Project (Parent Education), Parent Partners (Parents helping parents navigate systems), and Family Resource Centers as connecting places for families and children. Service Providers are responding by providing family nights at their agencies and developing planned family respite opportunities. Family Information Specialists continue to work on research and gathering information on the implementation of projects and programs in the system of care.

**The Parent Partner Program** is one year old. It's been a successful year with 138 parents receiving support during 2002. Currently there are 12 trained independent Parent Partners providing support via help in navigating child-serving systems, support identifying and accessing community resources and most importantly, providing non-judgmental peer support which reduces feelings of isolation and hopelessness.

To meet the program goal of providing "support...tailored to meet the needs of each parent within the context of their culture...", the group of Partners is diverse and includes the following: Spanish-speaking Partner, a grandparent raising her grandchild, a foster parent, a male Partner, and single and married biological moms. Another program goal regarding responsiveness resulted in a change from "non-adversarial school advocacy", to a combined effort of providing one-on-one education

and information to parents prior to school meetings, as well as the option for parents to invite a Partner to attend school meetings in a support rather than advocacy role.

**Marketing:**

- Regular presentations throughout the community
- Distribution of brochures
- Program information submitted to the Community of Care newsletter
- Creation of a binder that includes training curriculum, program policies and procedures, program forms, and photos of program activities.

**Next Steps:**

- Continued focus on sustainability.
  - Address the need for data collection.
  - The group plans to hold a retreat in February to discuss goals for 2003.
- Parent Partners

**The Family Action Committee (FAC)** continues to meet monthly with the purpose of becoming fully functioning and demonstrating impact. The committee continues to review the work of the Community Partners Committee and the Respite subcommittee. The Community Partners Committee has done extensive outreach to service providers in terms of free services that can be provided to families. An updated outline of the services provided by this subcommittee, committee member biographies, and the process for families to access supports and services for Clark County families is included in the appendices. The Community Partners have had Case Presentations from three families using this process. The FAC is also looking into monthly family educational forums with local child psychiatrists and a recognition program to honor community members who make a difference in the lives of families and children. A draft of the recognition process is in the appendices

The committee also monitors the placement of children in long-term treatment facilities. A review of the past several years indicates that Clark County has had increasing success in maintaining children in the community. A graph indicating a decrease in CLIP days since the system redesign is included in the appendices.

The committee also reviews the data from PSU to determine the effectiveness of the efforts in the SOC. The importance of caregiver participation was reviewed in September and Findings on Respite Care were reviewed in November (see appendices). Information from the Washington State Department of Social and Health Services, Division of Alcohol and Substance Abuse was also shared (see appendices) (FAC) Respite Subcommittee continues their work on analyzing the respite needs and resources of the community. Issues have been identified and key families and a broad range of people from community agencies that provide, work with, or fund child care and respite care services are working together to develop recommendations for strengthening respite care in Clark County. The following key issues have been identified:



- The need for a different form of licensing for respite care providers.
- Natural Support Respite Providers
- The need for flexible approaches
- Knowledge of Community Resources
- Specialized Respite Care Funding
- Family Participation in Respite Subcommittee

A review of the respite care funding provision for the Division of Children and Family Services in Washington State was reviewed by the committee in October.

- *Have barriers been identified in family involvement and how are they being addressed?*

Communications barriers continue to be addressed. The recent brochure that is being widely distributed that describes the services available to families has undergone several printings, with well over a 1000 brochures distributed through Parent Partners, Community Partners, and service providers.

The number of parents attending General Meetings is still lagging. Increased attempts to draw parents to Family Resource Centers and other service agencies may be more beneficial.

#### **Appendices V: Community of Care Supports and Services Brochure**

**CSOC Data Report : “Caregiver Participation in Service Planning is Related to Child Improvement (PSU)**

**Chemical Dependency Treatment Options for Minors Under Age 18 (Washington State DSHS)**

**Community Partners:  
Committee Structure  
Membership Information  
Referral Process**

**Graph – Decrease in CLIP days**

**CSOC Findings on Respite Care (PSU)**

**Exceptional Effort Award Draft  
Exceptional Effort Nomination Form Draft**

#### **VII. Social Marketing/Public Education Campaign:**

- *Describe any changes to your social marketing/public education plan this quarter?*

I attended the Communications Academy in St. Louis Missouri this quarter. Information from this experience was shared with the Social Marketing Committee. A Social Marketing Notebook has been put together to continue the work of refining the marketing plan based on information from the Vanguard Strategic Plan.

The committee will share their work with Aileen Worrell, COSMOS Corp when she visits on January 29th and 30<sup>th</sup>.

- *How has the national campaign team helped you this quarter.*  
Incorporated information from SAMSHA in notebook and used ideas from national materials to look at how to develop local materials.
- *Who were your targeted key audiences and stakeholders this quarter? What were your key messages and how were they disseminated?*  
Service providers for mental health, key school personnel, families of children served by the system of care have received the Community of Care Brochure with key information ( free services and supports available to parents) and contact numbers. (**Brochure in appendices IV**)

The Community of Care Newsletter was distributed to over 400 families and community members in October. Messages include updates on the Advisory Council, the Family Action Committee, Family Resource Centers, Hopeworks (Developmental Assets Initiative) and family story.

#### **Appendices VI: Community of Care Newsletter, October 2002**

- *Have barriers to the implementation of the public social marketing/public education efforts been identified, and if so, how are they being addressed.*

The identification of a strategic plan will be helpful. This work should be complete in December. Other issues that create challenges include the focus of the Community of Care as a continuum of services from positive youth development, through prevention, intervention and treatment. To comprehensively address the complete continuum, a Community of Care Campaign will need to enlist a broad community. It is important not to lose the System of Care message, while still working on supporting children and families along the entire continuum.

## VIII. Evaluation:

### Clark County System of Care Evaluation Quarterly Report September 1, 2002 to November 30, 2002

The table below depicts the interviews completed during this three-month period, and the total interviews completed. Interviewing began in December 1999.

	September through November, 2002	Cumulative total
Intake Descriptive Information Questionnaires	91	624
Number of children for whom baseline data collection is complete (youth and caregiver)	36	308
Number of children for whom 6-month follow-up data collection is complete	42	200
Number of children for whom 12-month follow-up data collection is complete	17	114
Number of children for whom 18-month follow-up data collection is complete	14	78
Number of children for whom 24-month follow-up data collection is complete	18	52
Number of children for whom 30-month follow-up data collection is complete	17	23
Number of children for whom 36-month follow-up data collection is complete	1	1

1. How are the positions for the national evaluation and any specific local evaluation being used to implement, interpret, and disseminate the evaluation data?

There is one full-time Family Information Specialist (interviewer) located at Columbia River Mental Health, one full-time FIS at the Department of Corrections—Juvenile Justice, one half-time Family Evaluator working with the evaluation team at PSU, and one full-time FIS with the Department of Community Services—Behavioral Health Services.

The FIS's continue to interview families throughout Clark County that have received mental health services through mental health providers, crisis intervention programs, or juvenile justice. The numbers of completed interviews are shown in the table above.

Throughout this quarter, we have met with representatives, workgroups, and committees involved with the System of Care efforts to help implement and disseminate our data. These include several meetings with workgroups for the Connections project, the Quality Management team, the Community of Care Advisory Board and the Family Action Committee, the Transitions project, school projects, and others. Planning for the implementation and evaluation of the Transitions project formally began.

2. How are the results and data being disseminated, with whom, and how is it being used for policy development?

We made several presentations and reports this quarter:

- We presented to the Community of Care Advisory Board about how to interpret and use findings from the evaluation.
- We presented to staff in the Connections project about the outcomes for youth in Connections versus outcomes for youth in the general system of care.
- We presented to the Youth Foundation Board about general findings in the System of Care, including changes in service structure and youth outcomes.
- We presented to the Family Action Committee about our findings on respite care.
- We released two data reports:
  - In September, we released a report examining caregivers' satisfaction with school services.
  - In November, we released a report comparing system of care versus statewide youths' reports of their use of substances.
- We mailed copies of the first five of our data reports to the 244 families that remain in our study.
- We wrote a short article for the Community of Care newsletter that summarizes our findings on service change over time.

Many of the reports and presentations are available on our website, [www.rrl.pdx.edu/ClarkCo](http://www.rrl.pdx.edu/ClarkCo).

3. Have barriers to the implementation of the evaluation effort been identified and how are they being addressed?

There have been no major barriers to the evaluation effort during this timeframe.

#### **VIII. Technical Assistance and Training's:**

- *Describe training activities that have occurred for your community this quarter.*

The Community Empowerment Project continues to provide training for families, providers, parent partners and interested community members. The following training's occurred between September 1, 2002 and November 30, 2002.

Training Session	# of attendees
Engaging Families— A Provider Training	13
I E P Training	12
Parent Partners	24
Advocacy Training	36
Cross-System Training	32
How the Mental Health System Works	11
TOTAL	128

Satisfaction surveys indicate a 90% + rating of “very” or “mostly satisfied” with the content of the training sessions.

The Community Empowerment Project Annual Report for Year 2001/2002 is included in the Appendices.

- *Future plans for training.*

A flier with projected Community Empowerment Training's in 2003 is in the appendices.

Continued training in the Wraparound model and the implementation of a Fidelity Self-Assessment will take place in 2003.

#### **Appendices VII:**

- **Community Empowerment Project Annual Report**
- **Community Empowerment Project Annual Meeting Minutes**
- **Community Empowerment Project Calendar of Events 2002/2003**

#### **X. Sustainability**

- *List percentages of your match funds which come from public or private sources*

Match information to follow.

#### **XI. Lessons Learned**

- *Please list lessons learned or accomplishments your community has experienced this quarter that you would like to share with others.*
  - Renewed energy as a result of the retreats held in June and October.
  - New Council members bring new points of view
  - Goal setting and product oriented committees in place
  - Data becoming more important to the community as it begins to show positive impact on children and families